

Health Home Implementation Webinars

Session #48– November 11, 2014
Program Updates



Agenda

- DEAA Update
- Q and A

Data Exchange Application & Agreement for Health Homes

Amendment for Redesignation 2015

Evergreen Concept

- ▶ DEAAs will be amended as Evergreen contracts (no end date) according to phase:
 - Phase 1 – January 2015 packets e-mailed January 5, 2015
 - Phase 2 – March 2015 packets e-mailed March 2, 2015
 - Phase 3 – May 2015 packets e-mailed May 4, 2015

Evergreen Contract – no end date

- ▶ However the following items will be required every three years
 - Signed Attestation stating all information is current
 - Signed updated Business Associate Agreement (BAA)
 - Provide any update to CEO
 - Designation of 2 “gatekeepers” to manage names of additional staff*
 - Provision of LEAD Health Home Provider number on DEAA

*It is no longer necessary to notify DOH with staffing changes, except for HCS purposes; the assigned gatekeepers are required to maintain a list of staff to be made available to DOH in the event of an audit or upon request.

Section 1A of DEAA 2015 Amendment

Provide the name and title of the individual who can legally bind your company, agency or entity to the terms of this Agreement.

(Insert name & address of Lead Health Home (HH):

Requester Name: _____

Title: _____

Provider Number: (LEAD Health Home)

Organization: Name of Lead HH _____

Address: _____

Telephone: () _____

E-mail Address: _____

Section 1B of DEAA 2015 Amendment

DOH is requiring Health Homes to select one – two LEAD persons within each HEALTH HOME entity be responsible for the names that would have been listed on the DEAA.

That person(s) would be required to maintain an accounting of all those individuals who access MCD/PHI and maintain it accurately, as staff join and leave employment.

The list would also need to be available for DOH or CMS audit, if required in the future. This is NEW LANGUAGE

LEAD HH GATEKEEPERS
ADDRESS

PHONE NUMBER

EMAIL

1. _____
2. _____

DATES OF THIS PROJECT:

List the beginning and end date of this project:

Begin Date: Upon DEAA Approval

End Date: Choose from the following:

Health Home does not get reclassified _____

Option to opt out (90 day notice required) _____

Health Home program no longer exists _____

Every Three Year submission of the attached amendment _____

Amendment Part 1

AMENDMENT TO THE HEALTH HOME DATA EXCHANGE APPLICATION & AGREEMENT

This AMENDMENT TO THE HEALTH HOME DATA EXCHANGE APPLICATION & AGREEMENT (DEAA”), dated as of _____, is made by the New York State Department of Health (“DOH”) and _____ (**name of HH**).

WHEREAS, DOH entered into said DEAA with said HH; and

WHEREAS, the said DEAA is due to expire on _____; and

WHEREAS, the parties desire to extend the DEAA in perpetuity;

NOW, THEREFORE, for good and valuable consideration, receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound hereby, the undersigned hereby agrees as follows:

Amendment Part 2

Expiration Date

The current language under paragraph 5 of the DEAA entitled “DATES OF THIS PROJECT”, shall be removed and replaced with the following:

“Upon approval, this DEAA shall be in effect until one of the following occurs:

The HH’s designation is revoked or the HH is otherwise terminated from participating in the program;

One of the parties terminates upon 90 days prior notice;

The Health Home program is either being terminated or no longer exists;

The “**Every Three Year**” File Certification of Accuracy” has not been filed within the required time frame in which to do so; is incomplete or inaccurate and the HH has failed to complete or correct it within the time requested by DOH.

Amendment Part 3

HIPAA Business Associate Agreement (“BAA”)

Attachment B: HIPAA BAA shall be replaced with a revised version that meets federal requirements which is attached hereto and incorporated herein. All parties must sign the revised BAA.

MAPP access

Under paragraph 4 of the DEAA entitled “DATA ELEMENTS AND CLAIM FILES REQUESTED”, a new sub-paragraph C shall be added as follows:

HHs **and their CMAs** shall be able to access the Medicaid Analytics Performance Portal (MAPP). In MAPP, HHs **and CMAs** will be able to access PHI information for their population only. No-PHI information will be available for the entire Health Home population. No-PHI means that a HH will be allowed to view analytical information and HH **and CMA assignment status** but will not be allowed to view the personal health information of Medicaid recipients that are not in their HH.

Amendment Part 4

Effectiveness

This Amendment shall be effective upon the signatures of all parties.

Miscellaneous

All of the terms and conditions of the DEAA not specifically amended by this Amendment shall remain in full force and effect.

IN WITNESS WHEREOF, this Amendment has been duly executed by the parties named below as of the date first above written.

ENTITY NAME

By: _____

Name:

Title:

NNYS DOH Office of Health Insurance Programs

By: _____

doh.sm.medicaid.data.exchange@health.ny.gov

Subcontractor Changes and HIPAA BAA

- ▶ The procedure for handling subcontractors will be simplified, effective January 1, 2015.
- ▶ Rather than complete subcontractor DEAs, the Lead Health Homes instead will need to submit the attachment found on the next slide AND a Business Associate Agreement (BAA) for each subcontractor.

Subcontractor Documentation

SUBCONTRACTOR DOCUMENTATION

Please list the names, addresses, phone numbers and email addresses of all subcontractors. You are responsible to maintain a current listing of all your subcontractor's individuals who access Medicaid data. This list may need to be provided to NYSDOH in the event of a NYS or a CMS audit. **(Add more lines as necessary).**

Subcontractor A: _____

CEO or equivalent / Title: _____

Address/City/State/Zip Code: _____

Phone: _____ **email address:** _____

Subcontractor A Gatekeeper's Name(s): _____

Phone: _____ **email address:** _____

Acknowledgement of Business Associate Agreement (BAA) on file: YES * ___ NO ___

***Please include copy of BAA**

Comments/Questions

doh.sm.medicaid.data.exchange@health.ny.gov

Useful Contact Information

- Visit the Health Home website:
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Get updates from the Health Homes listserv. To subscribe send an email to: listserv@listserv.health.state.ny.us (In the body of the message, type SUBSCRIBE HHOMES-L YourFirstName YourLastName)
- To email Health Homes, visit the Health Home Website and click on the tab “Email Health Homes”
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Call the Health Home Provider Support Line: 518-473-5569